

Reflective Journaling Assignment:

1. Name an observation and describe the nurse's role. Provide up to three sentences explaining how this situation applies to one of the following concepts: Family-centered Care, Empowering the Individual/Family, and Independence to the greatest extent possible

The nurse's role at the MFM clinic involves family-centered care as he/ she focuses on both the mother's and baby's health individually and as a unit. By performing a nonstress test on the baby, the nurse assesses the fetal heart rate as the baby moves into the mother's uterus. If a mother comes in presenting too high blood pressure, a nurse wants to focus on that issue because it can cause distress to the baby and can put the mother at risk for a stroke. If a mother comes into the clinic presenting decreased fetal movement, the nurse wants to focus on this due to the potential for impaired oxygen supply. Due to both mother and baby playing a part in each other's health prior to birth, it is important for the health care to focus on both to ensure both individuals remain healthy.

2. Describe a situation you experienced on this clinical day. While protecting client information, explain the role of the nurse in the situation. Give enough background information so the reader has a clear vision of the encounter. Name assessment techniques the nurse employed in this situation and provide support why these methods were chosen for this time. End this section by summarizing the recommendations the nurse provided for this client. This section can be personalized with your own reflection or reactions and may be written in first person.

Overall, I watched the nurse perform seven nonstress tests on the mother to assess the baby. Most of these were prescheduled appointments due to certain gestations, but we had two spontaneous appointments from other doctor visits, as there was decreased fetal movement noticed. An NST would look for two accelerations lasting at least 15 seconds within 20 minutes. If two accelerations are not seen in the 20 minutes, it will progress to 40 minutes to try and see at least two accelerations. These accelerations tell the nurse that there is normal fetal movement and the baby is experiencing adequate oxygen supply to create a normal heart rate. All seven NSTs happen to be abnormal (nonreactive) during the clinical. The first patient was sent straight to L&D to deliver twins as the babies had extremely low heart rates. All the other six NSTs were abnormal, with one mother having an extremely high BP of 160/110. This mother was sent to get a BPP done as she was showing signs of preeclampsia with elevated blood pressure, headache, and severe edema all over her body. The other NSTs consisted of babies who did not want to cooperate correctly with decreased fetal movement and FHR, so we used vibration, turning the moms on their side, and had the moms drink cold water to promote movement to try and stimulate accelerations in their heart

rate. For two mothers, these interventions helped. For the other four, we sent them all to ultrasound, where three scored an 8/8 and could be discharged, whereas only one failed the ultrasound and had to be sent up a BPP. The nurses recommended that those who failed their NST be sent to ultrasound and BPP for further evaluation.

3. Follow up for #2 with supportive evidence. Find evidence that supports the nurse's action with assessment techniques OR recommendations. This section is to be written in a professional manner. Cite sources for the evidence supporting the actions of the nurse or provider. In text and reference list citation expected according to APA.

According to the authors at the Cleveland Clinic (2023), a nonreactive nonstress test should not raise immediate concern. A nonreactive test might be due to the baby sleeping, so there are actions that can be performed to wake the baby up to properly test fetal movement and FHR. The Cleveland Clinic (2023) suggests that other interventions, such as turning the mother on their side, providing cold water, or vibrating/ buzzing the baby can wake the baby up due to the baby not being used to those conditions and it startles them awake and to be active. One of the major concerns for the buzzing of the baby though is whether it will hurt the baby. According to Sleutel (2023), vibrating (vibroacoustic stimulation) of the baby does not hurt, but rather startles the baby awake, which causes it to move and become more active.

References

Cleveland Clinic. (2023). *Nonstress test (NST): Purpose, procedure & results*. Cleveland Clinic.

<https://my.clevelandclinic.org/health/diagnostics/24253-nonstress-test>

Sleutel, M. (2023). Vibroacoustic stimulation and fetal heart rate in nonstress tests.

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